



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

THIS SPACE FOR OFFICE USE ONLY

K0120  
H7866

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

|   |         |            |                |
|---|---------|------------|----------------|
| NAME (Last)   | (First) | (Middle)   | TELEPHONE      |
| Kubota  | Tracy   | S.         | (808) 546-7335 |
| MAILING ADDRESS (Street)  |         |            | FAX            |
| P.O. Box 2200   |         |            | (808) 546-8500 |
| (City)  | (State) | (Zip Code) |                |
| Honolulu  | HI      | 96841      |                |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |         |            | TELEPHONE      |
| Hawaiian Telcom, Inc.   |         |            | (808) 546-7335 |
| MAILING ADDRESS (Street)  |         |            | FAX            |
| P.O. Box 2200   |         |            |                |
| (City)  | (State) | (Zip Code) |                |
| Honolulu  | HI      | 96841      |                |

### PART II ORGANIZATION

|  |                |                |
|--|----------------|----------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         | TELEPHONE      |                |
| Hawaiian Telcom, Inc.  | (808) 546-7335 |                |
| MAILING ADDRESS (Street)   | FAX            |                |
| P.O. Box 2200  |                |                |
| (City)   | (State)        | (Zip Code)     |
| Honolulu   | HI             | 96841          |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |                | TELEPHONE      |
| JoAnn C. Yosemite  |                | (808) 546-3868 |
| MAILING ADDRESS (Street)   |                | FAX            |
| P.O. Box 2200  |                | (808) 546-8500 |
| (City)   | (State)        | (Zip Code)     |
| Honolulu   | HI             | 96841          |

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Education                                 | <input type="checkbox"/> Human Services                                     | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities        | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                                  |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                          | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input type="checkbox"/> Health                                    | <input checked="" type="checkbox"/> Planning, Land & Water Use Management   | <input checked="" type="checkbox"/> Other: (indicate below)                    |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                                   | <input checked="" type="checkbox"/> Public Safety & Corrections             | <u>Telecommunication</u>   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*



(Signature of Lobbyist)

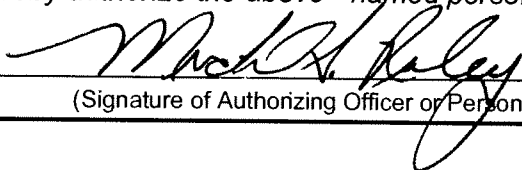
8-14-06

(Date)

**PART V AUTHORIZATION TO LOBBY**

|   |               |   |  |
|---|---------------|---|--|
| NAME<br>Michael S. Ruley                                      |               | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED<br>Chief Executive Officer |  |
| NAME OF ORGANIZATION (if applicable)<br>Hawaiian Telcom, Inc. |               | TELEPHONE<br>(808) 546-7844   |  |
| MAILING ADDRESS (Street)<br>P.O. Box 2200                     |               | FAX   |  |
| (City)<br>Honolulu  | (State)<br>HI | (Zip Code)<br>96841   |  |

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*



(Signature of Authorizing Officer or Person Represented)

8/14/06

(Date)